

## Best Available Copy

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/457,864	12/10/99	435	1643	271122003713

APPLICANT

LEE A. BULLA, DALLAS, TX.

ADIV OF 08/880,042 06/20/97

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A CIP OF 08/326,117 10/19/94 PAT 5,693,491CML  
WHICH IS

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

NONE

CML

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

CML NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>CML</u>	Initials	TX	19	11

ADDRESS	KATE H MURASHIGE MORRISON & FOERSTER LLP 2000 PENNSYLVANIA AVENUE NW WASHINGTON DC 20006-1888
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TITLE	RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN	
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FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 8156

SERIAL NUMBER 09/457,864	FILING DATE 12/10/1999 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 271122003713
<b>APPLICANTS</b> LEE A. BULLA, DALLAS, TX;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/880,042 06/20/1997 WHICH IS A CIP OF 08/326,117 10/19/1994 PAT 5,693,491				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/01/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 19	TOTAL CLAIMS 11
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 3
<b>ADDRESS</b> MORRISON & FOERSTER LLP 3811 VALLEY CENTRE DRIVE SUITE 500 SAN DIEGO , CA 92130-2332				
<b>TITLE</b> RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN				
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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LEE A. BULLA, DALLAS, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 08/326,117 10/19/1994 PAT 5,693,491

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 02/01/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	TX	19	11	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

MORRISON & FOERSTER LLP  
 3811 VALLEY CENTRE DRIVE  
 SUITE 500  
 SAN DIEGO , CA 92130-2332

**TITLE**

RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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